FEC FORM 2 STATEMENT OF CANDIDACY

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FEC FORM 2 (REV 02/2009)

		· · · · · · · · · · · · · · · · · · ·	7072 JUL 11 AM 11: 35		
1. (a) Name of Candidate (in full)	Romocell	Y FL=	DR-524-160-69		
(b) Address (number and street)	Check if address changed	2. FEC C	andidate Identification Number		
(c) City, State, and ZIP Gode	The FL. ZZZZ	3. Is Th			
^	ce Sought	6. State & District of Cand	idate BOTH		
	NATION OF PRINCIPAL	CAMPAIGN COMM	IITTEE		
7. I hereby designate the following named political committee as my Principal Campaign Committee for the election(s). NOTE: This designation should be filed with the appropriate office listed in the instructions.					
(a) Name of Committee (in full)	mpsingo	Elect DA	ompound named)		
(a) Name of Committee (in full) Compaign TD Elect DAMASCURE ADMORALLY TD (>NINGSTOLL) (b) Address (number and street) 945 NMTH LIDENTY TBIDE DUNTING					
(c) City, State, and ZIP Code of Pckos Nuslle, Feb. 32226					
8. I hereby authorize the following named concandidacy. NOTE: This designation should be filed with the following named concandidacy.		al campaign committee, to r	receive and expend funds on behalf of my		
(a) Name of Committee (in full)	57.	THE WITH	DARDON STAN		
(b) Address (number and street) JAKATAVI)	KFL, 32	206-			
(c) City, State, and ZIP Code	, — , 				
I certify that I have examined t	his Statement and to the best of	my knowledge and belief it i	is true, correct and complete.		
Signature of Candidate	his Statement and to the best of the best	my knowledge and belief it Date	is true, correct and complete.		
	his Statement and to the best of t		is true, correct and complete.		
Signature of Candidate		Date	9/29/2022		

FEC Form 1 (Revised 02/2009)		Page 4	1
Rombally DAMOTAN			
Full Name of Designated Agent Mailing Address	T. B.	166	
CITY Title or Position	STATE	ZIP CODE	
C/FACTAPULA Telephone num	nber	24×190-9010	
Banks or Other Depositories: List all banks or other depositories in which the committeesafety deposit boxes or maintains funds.	ee deposits t	funds, holds accounts, rents	
Name of Bank, Depository, etc.			
Mailing Address 1325 / VENDINIIGKU 1	KMY	۴	
to rekop Willer		17774	
CITY	STATE	ZIP CODE	
Name of Bank, Depository, etc.			
SOUTH STATE BANK			()
Mailing Address 1377 IVEN ONLINE KT	DYFNE	We	<u> </u>
9 reforance 1 le		32-27)-	
CITY	STATE	ZIP CODE	

FEC Form 1 (Revise			
	ed 02/2009)		Page 3
Write or Type Committee Na	ame		
Ppi	2 For By Com	nittee To Ele	Tromocel/1001
Name of Any Connecte	ed Organization, Affiliated Committee,	Joint Fundraising Representative	or Leadership PAC Sponsor
	TO COM	grew stor &	かかけ
		<u> Y </u>	
Mailing Address			
			<u> </u>
	CITY	STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committe	ee Joint Fundraising Representa	tive Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number	er optional) and position of the p	erson in possession of committee
Full Name	OMAGELLY, DIAM	DRIKUBIIII	لتتبييا
Mailing Address	1845 MANIN	Loberty of	BURBILLI
	peng 4 spent	Y GENTERNITT	
	JACKGO NUITE		137724-[
	CITY	OTATE	32206"
Title or Position	21. 1	STATE	ZIP CODE
Title or Position	OFFICE		ZIP CODE
Blanky	and address (phone number optional	Telephone number	
Treasurer: List the name any designated agent (e.g.	e and address (phone number optional g., assistant treasurer).	Telephone number	
Treasurer: List the name any designated agent (e.g.	e and address (phone number optional g., assistant treasurer).	Telephone number	
Treasurer: List the name any designated agent (e.g.	e and address (phone number optional g., assistant treasurer).	Telephone number	
Treasurer: List the name any designated agent (e.g.	e and address (phone number optional g., assistant treasurer). MACKINALLY DIAGKTONUSY	Telephone number I) of the treasurer of the committee	and the name and address of
Treasurer: List the name any designated agent (e.g. Full Name of Treasurer Mailing Address	e and address (phone number optional g., assistant treasurer). MACALLY APMA LALLY APMA CITY	Telephone number	
Treasurer: List the name any designated agent (e.g. Full Name of Treasurer Mailing Address	e and address (phone number optional g., assistant treasurer). MACKINALLY DIAGKTONUSY	Telephone number I) of the treasurer of the committee	and the name and address of
Treasurer: List the name any designated agent (e.g. Full Name of Treasurer Mailing Address Title or Position	e and address (phone number optional g., assistant treasurer). MACALLY APMA LALLY APMA CITY	Telephone number I) of the treasurer of the committee STATE Telephone number	and the name and address of

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FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

8.	3. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.			
	(a) Name of Committee (in full) NeAth, me NTAL AMM COUNCILOR			
	(b) Address (number and street) 27 N MONKET JT JAPA OFFICE			
	(c) City, State, and ZIP Code SACKOD NU-III - FL. 32-282.			
	(904)900-4830 Expansive annound ? 204 Roudo			
8.	candidacy. NOTE: This designation should be filed with the principal campaign committee.			
	(a) Name of Committee (in full) (b) A PALOTING OF PAL			
	(b) Address (number and street) 25 NIMPAKET J. ARRA, JAFF.			
	(c) City, State, and ZIP Code 5 R= Kos NVIILE, FL 32xal.			
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.			
	(a) Name of Committee (in full)			
	(b) Address (number and street)			
	245 NOJH-Libraty 57 BJDL			
•	(c) City, State, and ZIP Code Speckor NUTTLE FL 32206			
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.			
	(a) Name of Committee (in full)			
	(b) Address (number and street)			
	(c) City, State, and ZIP Code			

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Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
Bew S	07-12-202			
PREPARER	DATE PREPARED			

(3/2015)